## The Commonwealth of Massachusetts

## In the Year Two Thousand Ten

An Act Improving the Health of the GIC Population and Reducing the Cost of Health Care..

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- SECTION 1. Section 2 of chapter 32A of the General Laws, as appearing in the 2008
- 2 Official Edition, is hereby amended by adding the following subsection:-
- 3 (i) "Wellness program", a program designed to measure and improve individual health by
- 4 identifying risk factors, principally through diagnostic testing and establishing plans to meet
- 5 specific health goals which include appropriate preventive measures. Risk factors may include
- 6 but shall not be limited to demographics, family history, behaviors and measured biometrics.
- 7 SECTION 2. Said chapter 32A is hereby further amended by adding the following
- 8 section:-
- 9 Section 25. The commission shall, subject to appropriation, negotiate with and purchase,
- on such terms as it deems to be in the best interest of the commonwealth and its employees, from
- 11 1 or more entities that can manage a wellness program covering persons in the service of the
- 12 commonwealth and their dependents, and shall execute all agreements or contracts pertaining to
- said program. The commission may negotiate a contract for such term not exceeding 5 years as

it may, in its discretion, deem to be the most advantageous to the commonwealth; provided, however that said program must be able to evaluate individual and aggregate data, give employees access to their individual information confidentially and allow the commission to receive collective reports summarizing baseline and ongoing data regarding the behavior and well being of enrollees. The commission may reduce premiums or co-payments or offer other incentives to encourage enrollees to comply with the wellness program goals.

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Beginning 1 year after the end of the fiscal year in which the commission has implemented the wellness program, the commission shall submit an annual report to the governor, the secretary of health and human services, the secretary of administration and finance, the chairs of the joint committee on health care financing, chairs of the house and senate committees on ways and means, the speaker of the house of representatives and the senate president. The report shall include the collective results, including but not limited to, the level of participation among employees, incentives provided for participation, the number and type of screenings and diagnostic tests conducted, the instance of undiagnosed risks defined as out of range diagnostic tests and number of employees seeking and receiving preventative treatment. The commission shall use this information in the negotiating and purchasing, on such terms as it deems in the best interest of the commonwealth and its employees, from 1 or more insurance companies, savings banks or non-profit hospital or medical service corporations, of a policy or policies of group life and accidental death and dismemberment insurance covering persons in the service of the commonwealth and group general or blanket insurance providing hospital, surgical, medical, dental and other health insurance benefits covering persons in the service of the commonwealth and their dependents.

Beginning 1 year after the end of the fiscal year in which the commission has implemented the wellness program, the commission shall annually submit a report to the governor, secretary of administration and finance, the chairs of the joint committee on health care financing, the chairs of the house and senate committees on ways and means, the speaker of the house of representatives and the senate president on the savings that have been achieved in procuring such insurance policies since implementing the wellness program.